

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097889659 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL DEP.	G	↔	↔	↔	↔	↔
TOTAL CLAIMS	10	██████████	██████████	██████████	██████████	██████████

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TOTAL IND.		↔	↔	↔	↔
TOTAL DEP.		↔	↔	↔	↔
TOTAL CLAIMS		██████████	██████████	██████████	██████████